PATENT APPLICATION FEE DETERMINATION RECORD  Effective December 8, 2004										Application or Docket Number				
		CLAIMS A	AS FILED -			1/	•	SMALL ENT			OR-	OTHER	OTHER THAN SMALL ENTITY	
U.S	S. NATIONAL	STAGE FEES	Ţ	11)	<del></del>	(Column 2)	<del>,</del>	RATE		FEE	1	RATE	FEE	
-	SIC FEE		SMALL ENT.	. = \$ 150	LAR	GE ENT. = \$	\$ 300	BASIC FEE		ZN	OR	BASIC FEE	<del>  '</del>	
EX	AMINATION FE	<del>`</del>	Satisfies PCT Ar		- All ot	other situation: \$ 100 / \$ 200	ะกร =	EXAM. FEE		34		EXAM. FEE	<del> </del>	
SEA	ARCH FEE	·	U.S. is ISA = \$ ALL other cou \$ 200 / \$	\$ 50 / \$ 100 untries =	All of	\$ 100 / \$ 200 other situation: \$ 250 / \$ 500	ns =	SEARCH F	-/6	0		SEARCH FEE	1.	
FEE	FOR EXTRA S	SPEC. PGS.		us 100 =	,	/ 50 =		X \$ 125	j =			X \$ 250 =	<del>                                     </del>	
тот	TAL CHARGEAE	BLE CLAIMS	36nir	nus 20 =	1.	6		X \$ 25	= 4	M	OR	X \$ 50 =	<del>                                     </del>	
INDI	EPENDENT CL	AIMS	2	ninus 3 =		<u>F</u>		X \$ 100	) =	<u></u>	OR	X \$ 200 =	<del>                                     </del>	
MUL	TIPLE DEPEN	IDENT CLAIM PRE	ESENT		L			+ \$ 180	=	4	OR	+ \$ 360 =	1	
* If	the difference	e in column 1 is l	less than zero	, enter "(	0" in co	Jumn 2		TOTAL			∕OR	TOTAL		
9	CLAIMS AS AMENDED - PART II  24-67 (Column 1) (Column 2) (Column						ın 3)	ŞMAL	L ENTI	<i>()U</i> TY	OR	OTHER THAN OR SMALL ENTITY		
٧		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID	MBER OUSLY	PRESEI EXTRA		RATE	TIC	DDI- DNAL EE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	· 32	Minus	-36	3_	=		X \$ 25	= _		OR	X \$ 50 =		
AMEN	Independent	. 2	Minus	3		=		X \$ 100	=		OR	X \$ 200 =		
	FIRST PRES	SENTATION OF MI	ULTIPLE DEPF	ENDENT	CLAIM	巾	$\sqcap$	+ \$ 180	=	$\neg$	OR	+ \$ 360 =	<del> </del>	
_			· · · · · · ·			7		TOTAL ADD	эп. 🗜	汩	OR	TOTAL ADDIT. FEE		
		(Column 1)		(Colum	mn 2)	(Column	n 3)					• =		
۾ ۾		CLAIMS REMAINING AFTER - AMENDMENT		HIGHE NUMB PREVIO PAID F	IEST BER DUSLY	PRESEN EXTRA	NT	RATE	TIO	DI- NAL EE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	1	Minus .	**		=	<b>1</b>	X \$ 25 =	=		OR	X \$ 50 =		
AMEN	Independent		Minus	***		=	7	X \$ 100	=	7	OR	X \$ 200 =		
`]	FIRST PRESI	ENTATION OF MU	ULTIPLE DEPE	NDENT C	CLAIM			+ \$ 180	=	7	OR	+ \$ 360 =		
								TOTAL ADD	л.	7	OR L	TOTAL ADDIT. FEE		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.														